

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
09-52957-3  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	14					
TOTAL CLAIMS	18					

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IND.	DEP.	IND.	DEP.
61			
62			
63			
64			
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66			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			